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Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

PTOL-90A (Rev. 04/07)

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE <u>3</u> MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.
- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

1)☒ Responsive to communication(s) filed on <u>20 February 2009</u>.

2a)☒ This action is **FINAL**.   2b)☐ This action is non-final.

3)☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

4)☒ Claim(s) <u>1-6,9-12,14-21,23-36 and 56-59</u> is/are pending in the application.

     4a) Of the above claim(s) _____ is/are withdrawn from consideration.

5)☐ Claim(s) _____ is/are allowed.

6)☒ Claim(s) <u>1-6,9-12,14-21,23-36 and 56-59</u> is/are rejected.

7)☐ Claim(s) _____ is/are objected to.

8)☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

9)☐ The specification is objected to by the Examiner.

10)☐ The drawing(s) filed on _____ is/are: a)☐ accepted or b)☐ objected to by the Examiner.

     Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

     Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).

11)☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

12)☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).

     a)☐ All   b)☐ Some *   c)☐ None of:

         1.☐ Certified copies of the priority documents have been received.

         2.☐ Certified copies of the priority documents have been received in Application No. _____.

         3.☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

     * See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

1)☒ Notice of References Cited (PTO-892)

2)☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)

3)☐ Information Disclosure Statement(s) (PTO/SB/08)
     Paper No(s)/Mail Date _____.

4)☐ Interview Summary (PTO-413)
     Paper No(s)/Mail Date. _____.

5)☐ Notice of Informal Patent Application

6)☐ Other: _____.

DETAILED ACTION

Status of Claims

1. This action is in reply to the application filed on 20 February 2009.

2. Claims 56-59 have been added.

3. Claims 7, 8, 13, 22 & 37-55 have been cancelled.

4. Claims 1-6, 9-12, 14-21, 23-36 & 56-59 are currently pending and have been examined.

Priority

5. Applicant's claim for the benefit of a prior-filed application under 35 U.S.C. 119(e) or under 35 U.S.C. 120, 121, or 365(c) is acknowledged.

Claim Rejections - 35 USC § 112

6. The following is a quotation of the second paragraph of 35 U.S.C. 112:

    The specification shall conclude with one or more claims particularly pointing out and distinctly claiming the subject matter which the applicant regards as his invention.

7. Claims 17,29 & 56-59 are rejected under 35 U.S.C. 112, second paragraph, as being indefinite for failing to particularly point out and distinctly claim the subject matter which applicant regards as the invention. *Validating codes entered or selected by the medical coder to determine whether the medical codes are valid;*

and *a medical code validation module that checks the codes entered or selected by the medical coder to determine whether the medical codes are valid* each appear to be redundant and do not appear to further limit Applicant's invention, thus the Examiner has interpreted this claim language is interpreted by the art below.

Claim Rejections - 35 USC § 103

8. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

> (a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the manner in which the invention was made.

9. The factual inquiries set forth in *Graham* **v.** *John Deere Co.,* 383 U.S. 1, 148 USPQ 459 (1966), that are applied for establishing a background for determining obviousness under 35 U.S.C. 103(a) are summarized as follows:

1.   Determining the scope and contents of the prior art.
2.   Ascertaining the differences between the prior art and the claims at issue.
3.   Resolving the level of ordinary skill in the pertinent art.
4.   Considering objective evidence present in the application indicating obviousness or nonobviousness.

10. Claims 1-6, 9-12, & 14-16 & 20-28 are rejected under 35 U.S.C. 103(a) as being unpatentable over Evans (US 5924074) (hereinafter Evans) in view of Walter et al. (US 2003/0154110 A1) (hereinafter Walter) in further view of

Penny et al. (US 2002/0082870 A1) (hereinafter Penny) in further view of White et al. (US 2004/0019501 A1) (hereinafter White).

Claim 1

Evans as shown discloses the following limitations:

- *assigning the medical source document to a work queue defined for specific medical treatment types;* (see at least Evans Column:9 Lines:15-37)

- *distributing medical source documents to the medical coder using a plurality of categorized work pools;* (see at least Evans Column:9 Lines:15-37)

Evans does not disclose the following limitations, however Walter, as shown does:

- *receiving a medical source document for a health care provider;* (see at least Walter [0042])

- *allowing the medical coder to electronically code the medical source document to create coded medical information;* (see at least Walter [0026], [0027])

- *that includes coded medical billing information;* (see at least Walter [0040] Fig:2 Item:224 & related text)

- *transmitting the coded medical information including encoded treatment procedures to the health care provider electronically;* (see at least Walter [0026], [0027], Fig:1c & related text)

It would have been obvious to one of ordinary skill in the art to add the features of Walter into Evans. One of ordinary skill in the art would have added these features into Evans with the motivation to provide a more effective and efficient process for managing and prioritizing patient information and documentation, for improved quality in health care. (see at least Walter [0002])

Evans and Walter do not disclose the following limitation, however Penny, as shown does:

- *enabling a medical coder to access the medical source document in the work queue through a computer network;* (see at least Penny Fig:1 Items:20-39, Fig:2 Items:200-208 & related text)

It would have been obvious to one of ordinary skill in the art to add the feature of Penny into Evans/Walter. One of ordinary skill in the art would have added this feature into Evans/Walter with the motivation of providing an improved system and method for automatically prioritizing and providing updated patient treatment and condition information. (see at least Penny [0006])

Evans/Walter/Penny do not disclose the following limitation, however White, as shown does::

- *wherein the work queue further comprises prioritized work queues;* (see at least White Fig:4A-7A Items:412,512,612,712 & related text)

It would have been obvious to one of ordinary skill in the art to add the features of White into Evans/Walter/Penny. One of ordinary skill in the art would have added

these features into Evans/Walter/Penny with the motivation to provide a more effective and efficient process for monitoring organizing and prioritizing patient data. (see at least White [0010])

Claim 2

The combination of Evans/Walter/Penny/White disclose all the limitations of Claim 1. Evans further discloses the following limitation:

- *creating coded medical information by enabling the medical coder to extract information from the medical source document;* (see at least Evans Column:12 Lines:35-57 Fig:23 Items:102-376 & related text)

Claim 3

The combination of Evans/Walter/Penny/White disclose all the limitations of Claim 1. Evans further discloses the following limitation:

- *transmitting the coded medical information to the health care provider further comprises the step of transmitting the coded medical information to the health care provider via an electronic communication means selected from the group of electronic communication means consisting of a fax, secure file transfer protocol (FTP), a web browser and email;* (see at least Evans Fig:24 Item:412 & related text)

Claim 4

The combination of Evans/Walter/Penny/White disclose all the limitations of Claim 1. Walter further discloses the following limitation:

- *transmitting enabling a medical coder to access the medical source document in the work queue through a computer network further comprises the step of enabling a medical coder to access the medical source document via a computer network that is a local area network (LAN), wide area network (WAN), or Internet;* (see at least Walter [0066])

It would have been obvious to one of ordinary skill in the art to add the features of Walter into Evans/Walter/Penny/White. One of ordinary skill in the art would have added these features into Evans/Walter/Penny/White with the motivation to provide a more effective and efficient process for managing and prioritizing patient information and documentation, for improved quality in health care. (see at least Walter [0002])

Claim 5

Evans as shown discloses the following limitations:

- *facilitating the electronic creation of coded medical information including encoded treatment procedures based on the medical source document as analyzed by the medical coder;* (see at least Evans Column:12 Lines:35-53)

- *distributing medical source documents to the medical coder using a plurality of categorized work pools;* (see at least Evans Column:9 Lines:15-37)

Evans does not disclose the following limitations, however Walter, as shown does:

- *receiving a medical source document for a health care provider into a hosting server enabled to receive the medical source document;* (see at least Walter [0042], Fig:1a Items:10,12,100-112 & related text)

- *transmitting the coded medical information to the health care provider;* (see at least Walter [0026], [0027], Fig:1c & related text)

It would have been obvious to one of ordinary skill in the art to add the features of Walter into Evans. One of ordinary skill in the art would have added these features into Evans with the motivation to provide a more effective and efficient process for managing and prioritizing patient information and documentation, for improved quality in health care. (see at least Walter [0002])

Evans and Walter do not disclose the following limitation, however Penny, as shown does:

- *enabling a medical coder to access the medical source document on the hosting server via a computer network coupled to the hosting server;* (see at least Penny Fig:1 Items:20-39, Fig:2 Items:200-208 & related text)

It would have been obvious to one of ordinary skill in the art to add the feature of Penny into Evans/Walter. One of ordinary skill in the art would have added this feature into Evans/Walter with the motivation of providing an improved system and method for automatically prioritizing and providing updated patient treatment and condition information. (see at least Penny [0006])

Evans/Walter/Penny do not disclose the following limitation, however White, as shown does::

- *a plurality of prioritized work queues;* (see at least White Fig:4A-7A Items:412,512,612,712 & related text)

It would have been obvious to one of ordinary skill in the art to add the features of White into Evans/Walter/Penny. One of ordinary skill in the art would have added these features into Evans/Walter/Penny with the motivation to provide a more effective and efficient process for monitoring organizing and prioritizing patient data. (see at least White [0010])

Claim 6

The combination of Evans/Walter/Penny/White disclose all the limitations of Claim 5. Walter further discloses the following limitation:

- *enabling the medical coder to access the medical source document on the hosting server via a network selected from the group of networks consisting of a local area network (LAN), wide area network (WAN), and Internet;* (see at least Walter [0066])

It would have been obvious to one of ordinary skill in the art to add the features of Walter into Evans/Walter/Penny/White. One of ordinary skill in the art would have added these features into Evans/Walter/Penny/White with the motivation to provide a more effective and efficient process for managing and prioritizing patient

information and documentation, for improved quality in health care. (see at least

Walter [0002])

Claim 9

The combination of Evans/Walter/Penny/White disclose all the limitations of

Claim 5. Evans further discloses the following limitation:

- *enabling a medical coder to access the medical source document further*

  comprises the step of distributing medical source documents to a plurality

  of medical coders via a computer network coupled to the hosting server to

  allow conversion of the medical source documents to coded medical

  information; (see at least Evans Column:12 Lines:35-53)

Evans/Walter/Penny/White does not disclose the following limitation, however

Walter, as shown

does:

- *information that includes coded medical billing information;* (see at least

  Walter [0040] Fig:2 Item:224 & related text)

It would have been obvious to one of ordinary skill in the art to add the features of

Walter into Evans. One of ordinary skill in the art would have added these features

into Evans with the motivation to provide a more effective and efficient process for

managing and prioritizing patient information and documentation, for improved

quality in health care. (see at least Walter [0002])

Claim 10

Evans as shown discloses the following limitation:

- *facilitating the electronic creation of processed medical data based on the medical source document analyzed by a medical documentation hander;* (see at least Evans Column:12 Lines:35-53)

- *distributing medical source documents to the medical coder using a plurality of categorized work pools;* (see at least Evans Column:9 Lines:15-37)

Evans does not disclose the following limitations, however Walter, as shown does:

- *receiving a medical source document for a health care provider enabled to receive the medical source document;* (see at least Walter [0042])

- *that includes coded medical billing information;* (see at least Walter [0040] Fig:2 Item:224 & related text)

- *transmitting the processed medical data to the health care provider;* (see at least Walter [0026], [0027], Fig:1c & related text)

It would have been obvious to one of ordinary skill in the art to add the features of Walter into Evans. One of ordinary skill in the art would have added these features into Evans with the motivation to provide a more effective and efficient process for managing and prioritizing patient information and documentation, for improved quality in health care. (see at least Walter [0002])

Evans and Walter do not disclose the following limitation, however Penny, as shown does:

- *enabling a medical documentation hander to access the medical source document on the hosting server via a computer network coupled to the hosting server;* (see at least Penny Fig:1 Items:20-39, Fig:2 Items:200-208 & related text)

It would have been obvious to one of ordinary skill in the art to add the feature of Penny into Evans/Walter. One of ordinary skill in the art would have added this feature into Evans/Walter with the motivation of providing an improved system and method for automatically prioritizing and providing updated patient treatment and condition information. (see at least Penny [0006])

Evans/Walter/Penny do not disclose the following limitation, however White, as shown does:

- *a plurality of prioritized work queues;* (see at least White Fig:4A-7A Items:412,512,612,712 & related text)

It would have been obvious to one of ordinary skill in the art to add the features of White into Evans/Walter/Penny. One of ordinary skill in the art would have added these features into Evans/Walter/Penny with the motivation to provide a more effective and efficient process for monitoring organizing and prioritizing patient data. (see at least White [0010])

Claim 11

The combination of Evans/Walter/Penny/White disclose all the limitations of Claim 10. Evans further discloses the following limitation:

- *restricting the medical documentation hander from being able to save the medical source document on a local computer;* (see at least Evans Column:15 Lines:8-31)

Claim 12

The combination of Evans/Walter/Penny/White disclose all the limitations of Claim 10. Evans further discloses the following limitation:

- *retaining the medical source document on the hosting server while enabling the medical documentation hander to process the medical source document on a local computer;* (see at least Evans Column:5 Lines:1-28, fig:24 Items:414-418 & related text)

Claim 14

Evans as shown discloses the following limitation:

- *a plurality of coding queues, . . . within the coding server to which the medical source documents are assigned and through which a medical coder can access the medical source documents and create coded medical information . . . from the medical source document;* (see at least Evans Column:9 Lines:31-37 & Column:12 Lines:35-53)

Evans does not disclose the following limitations, however Walter, as shown does:

- *a plurality of electronic inputs configured to receive medical source documents for a health care provider;* (see at least Walter Fig:1a Items:100-104 & related text)

- *a coding server, coupled to the electronic inputs, having electronic storage to store the medical source documents received;* (see at least Walter Fig:1a Items:10,12 & related text)

- *that includes coded medical billing information;* (see at least Walter [0040] Fig:2 Item:224 & related text)

It would have been obvious to one of ordinary skill in the art to add the features of Walter into Evans. One of ordinary skill in the art would have added these features into Evans with the motivation to provide a more effective and efficient process for managing and prioritizing patient information and documentation, for improved quality in health care. (see at least Walter [0002])

Evans and Walter do not disclose the following limitation, however Penny, as shown does:

- *a plurality of electronic output channels configured to transmit the coded medical information to the health care provider;* (see at least Penny Fig:1 Items:19-39 & related text)

It would have been obvious to one of ordinary skill in the art to add the feature of Penny into Evans/Walter. One of ordinary skill in the art would have added this feature into Evans/Walter with the motivation of providing an improved system and method for automatically prioritizing and providing updated patient treatment and condition information. (see at least Penny [0006])

Evans/Walter/Penny do not disclose the following limitation, however White, as shown does:

- *including a plurality of categorized work pools and a plurality of prioritized work queues;* (see at least White Fig:4A-7A Items:412,512,612,712 & related text)

It would have been obvious to one of ordinary skill in the art to add the features of White into Evans/Walter/Penny. One of ordinary skill in the art would have added these features into Evans/Walter/Penny with the motivation to provide a more effective and efficient process for monitoring organizing and prioritizing patient data. (see at least White [0010])

Claim 15

The combination of Evans/Walter/Penny/White disclose all the limitations of Claim 14. Evans further discloses the following limitation:

- *the electronic output channels are selected from the group of electronic output channels consisting of a fax, a secure file transfer protocol (FTP), a web browser and email;* (see at least Evans Fig:24 Item:412 & related text)

Claim 16

The combination of Evans/Walter/Penny disclose all the limitations of Claim 14. White further discloses the following limitation:

- *medical source documents are assigned to the plurality of coding queues based on a priority value assigned to the medical source documents;* (see at least White [0047])

It would have been obvious to one of ordinary skill in the art to add the features of White into Evans/Walter/Penny. One of ordinary skill in the art would have added these features into Evans/Walter/Penny with the motivation to provide a more effective and efficient process for monitoring organizing and prioritizing patient data. (see at least White [0010])

Claim 20

Evans as shown discloses the following limitations:

- *assigning the electronic medical source document to a work pool defined for specific medical treatment types;* (see at least Evans Column:9 Lines:31-37)

- *allowing the medical coder to code the medical source document which creates coded medical information;* (see at least Evans Column:12 Lines:35-53)

- *distributing medical source documents to the medical coder using a plurality of categorized work pools;* (see at least Evans Column:9 Lines:15-37)

Evans does not disclose the following limitations, however Walter, as shown does:

- *transmitting the coded medical information to the health care provider;* (see at least Walter [0026] & [0027])

- *that includes coded medical billing information;* (see at least Walter [0040] Fig:2 Item:224 & related text)

It would have been obvious to one of ordinary skill in the art to add the feature of Walter into Evans. One of ordinary skill in the art would have added this feature into Evans with the motivation to provide a more effective and efficient process for managing and prioritizing patient information and documentation, for improved quality in health care. (see at least Walter [0002])

Evans and Walter do not disclose the following limitation, however Penny, as shown does:

- *enabling the medical coder to access the electronic medical source document;* (see at least Penny Fig:1 Items:20-39, Fig:2 Items:200-208 & related text)

It would have been obvious to one of ordinary skill in the art to add the feature of Penny into Evans/Walter. One of ordinary skill in the art would have added this feature into Evans/Walter with the motivation of providing an improved system and method for automatically prioritizing and providing updated patient treatment and condition information. (see at least Penny [0006])

Evans, Walter and Penny do not disclose the following limitations, however White, as shown does:

- *prioritizing the electronic medical source document for further processing based on priority factors;* (see at least White [0047] & [0050])

- *accompanied by a priority designation in the work queue through a computer network;* (see at least White Claim:1)

- *wherein the work queue further comprises prioritized work queues;* (see at least White Fig:4A-7A Items:412,512,612,712 & related text)

It would have been obvious to one of ordinary skill in the art to add the features of White into Evans/Walter/Penny. One of ordinary skill in the art would have added these features into Evans/Walter/Penny with the motivation to provide a more effective and efficient process for monitoring organizing and prioritizing patient data. (see at least White [0010])

Claim 21

The combination of Evans/Walter/Penny/White disclose all the limitations of Claim 20. Evans further discloses the following limitation:

- *assigning the electronic medical source document to a work pool defined for specific medical treatment types further comprises the step of assigning the electronic medical source document to a work pool defined for medical specialties or sub-specialties;* (see at least Evans Column:9 Lines:31-37)

Claim 23

The combination of Evans/Walter/Penny/White disclose all the limitations of Claim 20. Evans further discloses the following limitation:

- *prioritizing the electronic medical source document in a work queue based on the remaining turnaround time available;* (see at least White Fig:4A Item:412 & related text)

It would have been obvious to one of ordinary skill in the art to add the feature of White into Evans/Walter/Penny/White. One of ordinary skill in the art would have added this feature into Evans/Walter/Penny/White with the motivation to provide a more effective and efficient process for monitoring organizing and prioritizing patient data. (see at least White [0010])

Claim 24

The combination of Evans/Walter/Penny/White disclose all the limitations of Claim 20. Evans further discloses the following limitation:

- *prioritizing the electronic medical source document in a work queue based on the percentage of coded medical information that is to be coded before a defined deadline;* (see at least White Fig:4A Item:412 & related text)

It would have been obvious to one of ordinary skill in the art to add the feature of White into Evans/Walter/Penny/White. One of ordinary skill in the art would have added this feature into Evans/Walter/Penny/White with the motivation to provide a

more effective and efficient process for monitoring organizing and prioritizing patient data. (see at least White [0010])

Claim 25

The combination of Evans/Walter/Penny/White disclose all the limitations of Claim 20. Evans further discloses the following limitation:

- *organizing the electronic medical source documents into batches in a work queue and then prioritizing the batches to allow for efficient coding;* (see at least Evans Column:9 Lines:31-37)

Claim 26

The combination of Evans/Walter/Penny/White disclose all the limitations of Claim 20. Evans further discloses the following limitation:

- *dividing the electronic medical source documents into priority electronic medical source documents from health care providers and non-priority electronic medical source documents from health care providers;* (see at least White [0044] & [0047])

It would have been obvious to one of ordinary skill in the art to add the feature of White into Evans/Walter/Penny/White. One of ordinary skill in the art would have added this feature into Evans/Walter/Penny/White with the motivation to provide a more effective and efficient process for monitoring organizing and prioritizing patient data. (see at least White [0010])

Claim 27

The combination of Evans/Walter/Penny/White disclose all the limitations of Claim 26. Evans further discloses the following limitation:

- *prioritizing the electronic medical source document in a work queue based on the percentage of coded medical information that is to be coded before a defined deadline;* (see at least White [0044] & [0047])

It would have been obvious to one of ordinary skill in the art to add the feature of White into Evans/Walter/Penny/White. One of ordinary skill in the art would have added this feature into Evans/Walter/Penny/White with the motivation to provide a more effective and efficient process for monitoring organizing and prioritizing patient data. (see at least White [0010])

Claim 28

The combination of Evans/Walter/Penny/White disclose all the limitations of Claim 27. Evans further discloses the following limitation:

- *prioritizing the electronic medical source document in a work queue based on the percentage of coded medical information that is to be coded before a defined deadline;* (see at least White [0044] & [0047])

It would have been obvious to one of ordinary skill in the art to add the feature of White into Evans/Walter/Penny/White. One of ordinary skill in the art would have added this feature into Evans/Walter/Penny/White with the motivation to provide a

more effective and efficient process for monitoring organizing and prioritizing patient data. (see at least White [0010])

11. Claims 29-36 are rejected under 35 U.S.C. 103(a) as being unpatentable over Evans in view of Walter in view of Penny in view of White in further view of Ryan.

Claim 29

Evans as shown discloses the following limitations:

- *create coded medical information . . . from the medical source document;* (see at least Evans Column:12 Lines:35-53)

Evans does not disclose the following limitations, however Walter, as shown does:

- *a plurality of electronic inputs configured to receive a medical source document for a health care provider;* (see at least Walter Fig:1a Items:100-104 & related text)

- *a hosting server, coupled to the electronic inputs, having electronic storage to store the medical source document received;* (see at least Walter Fig:1a Items:10,12 & related text)

- *that includes coded medical billing information;* (see at least Walter [0040] Fig:2 Item:224 & related text)

It would have been obvious to one of ordinary skill in the art to add the features of Walter into Evans. One of ordinary skill in the art would have added these features into Evans with the motivation to provide a more effective and efficient process for

managing and prioritizing patient information and documentation, for improved

quality in health care. (see at least Walter [0002])

Evans and Walter do not disclose the following limitation, however Penny, as shown

does:

- *a plurality of electronic output channels configured to transmit the coded*

  medical information to the health care provider; (see at least Penny Fig:1

  Items:19-39 & related text)

It would have been obvious to one of ordinary skill in the art to add the feature of

Penny into Evans/Walter. One of ordinary skill in the art would have added this

feature into Evans/Walter with the motivation of providing an improved system and

method for automatically prioritizing and providing updated patient treatment and

condition information. (see at least Penny [0006])

Evans, Walter and Penny do not disclose the following limitations, however White,

as shown does:

- *a plurality of coding queues . . . within the hosting server to which the*

  medical source document is assigned based on a priority designation

  assigned to the medical source document; (see at least White [0047] &

  [0050])

- *a networked interface through which a medical coder can access the*

  medical source document with the priority designation; (see at least White

  Claim:1)

- *having a plurality of categorized work pools and a plurality of prioritized work queues;* (see at least White Fig:4A-7A Items:412,512,612,712 & related text)

It would have been obvious to one of ordinary skill in the art to add the features of White into Evans/Walter/Penny. One of ordinary skill in the art would have added these features into Evans/Walter/Penny with the motivation to provide a more effective and efficient process for monitoring organizing and prioritizing patient data. (see at least White [0010])

Evans/Walter/Penny/White does not disclose the following limitation, however Ryan, as shown does:

- *a medical code validation module that checks the codes entered or selected by the medical code to determine whether the medical codes are valid;* (see at least Ryan Claim:1,5 & 9)

It would have been obvious to one of ordinary skill in the art to add the feature of Ryan into Evans/Walter/Penny/White. One of ordinary skill in the art would have added this feature into Evans/Walter/Penny/White with the motivation of providing an improved system and method for checking and grouping medically coded data. (see at least Ryan Column:1 Lines:65-67 Column:2 Lines:1-40)

Claim 30

The combination of Evans/Walter/Penny/White/Ryan disclose all the limitations of Claim 29. Evans further discloses the following limitation:

- *electronic medical source documents are divided into a plurality of work pools based on specific medical treatment types;* (see at least Evans Column:9 Lines:15-37)

Claim 31

The combination of Evans/Walter/Penny/White/Ryan disclose all the limitations of Claim 29. White further discloses the following limitation:

- *priority designation assigned to the medical source document is based on the remaining turnaround time available;* (see at least White Fig:4A Item:412 & related text)

It would have been obvious to one of ordinary skill in the art to add the feature of White into Evans/Walter/Penny/White/Ryan. One of ordinary skill in the art would have added this feature into Evans/Walter/Penny/White/Ryan with the motivation to provide a more effective and efficient process for monitoring organizing and prioritizing patient data. (see at least White [0010])

Claim 32

The combination of Evans/Walter/Penny/White/Ryan disclose all the limitations of Claim 29. White further discloses the following limitation:

- *priority designation assigned to the medical source document is based on the percentage of coded medical information that are to be coded before a pre-defined deadline;* (see at least White Fig:4A Item:412 & related text)

It would have been obvious to one of ordinary skill in the art to add the feature of White into Evans/Walter/Penny/White/Ryan. One of ordinary skill in the art would have added this feature into Evans/Walter/Penny/White/Ryan with the motivation to provide a more effective and efficient process for monitoring organizing and prioritizing patient data. (see at least White [0010])

Claim 33

The combination of Evans/Walter/Penny/White/Ryan disclose all the limitations of Claim 29. Evans further discloses the following limitation:

- *electronic medical source documents are organized into batches in a work pool and the batches are prioritized to allow for efficient coding;* (see at least Evans Column:9 Lines:15-37)

Claim 34

The combination of Evans/Walter/Penny/White disclose all the limitations of Claim 29. White further discloses the following limitation:

- *electronic medical source documents are divided into priority electronic medical source documents from health care providers and non-priority electronic medical source documents from health care providers;* (see at least White [0044] & [0047])

It would have been obvious to one of ordinary skill in the art to add the feature of White into Evans/Walter/Penny/White/Ryan. One of ordinary skill in the art would have added this feature into Evans/Walter/Penny/White/Ryan with the motivation to

provide a more effective and efficient process for monitoring organizing and prioritizing patient data. (see at least White [0010])

Claim 35

The combination of Evans/Walter/Penny/White/Ryan disclose all the limitations of Claim 34. White further discloses the following limitation:

- *electronic medical source documents are divided into priority electronic medical source documents from health care providers assigned to the medical coder and priority electronic medical source documents from health care providers not assigned to the medical coder;* (see at least White [0044] & [0047])

It would have been obvious to one of ordinary skill in the art to add the feature of White into Evans/Walter/Penny/White/Ryan. One of ordinary skill in the art would have added this feature into Evans/Walter/Penny/White/Ryan with the motivation to provide a more effective and efficient process for monitoring organizing and prioritizing patient data. (see at least White [0010])

Claim 36

The combination of Evans/Walter/Penny/White/Ryan disclose all the limitations of Claim 35. White further discloses the following limitation:

- *electronic medical source documents are divided into non-priority electronic medical source documents from health care providers assigned to the medical coder and non-priority electronic medical source documents*

from health care providers not assigned to the medical coder; (see at least White [0044] & [0047])

It would have been obvious to one of ordinary skill in the art to add the feature of White into Evans/Walter/Penny/White/Ryan. One of ordinary skill in the art would have added this feature into Evans/Walter/Penny/White/Ryan with the motivation to provide a more effective and efficient process for monitoring organizing and prioritizing patient data. (see at least White [0010])

12. Claims 17-19 & 56-59 are rejected under 35 U.S.C. 103(a) as being unpatentable over Evans in view of Walter in view of Penny in further view of Ryan.

Claim 17

Evans as shown discloses the following limitations:

- *converting the treatment record to a medical source document;* (see at least Evans Fig:17B Item:296, Fig:23 Items:102,106 & related text)

- *assigning the medical source document to a work queue defined for a specific medical specialty;* (see at least Evans Column:9 Lines:31-37)

- *distributing medical source documents to the medical coder using a plurality of categorized work pools;* (see at least Evans Column:9 Lines:15-37)

- *allowing the medical coder to code the medical source document which creates coded medical information;* (see at least Evans Column:12 Lines:35-53)

Evans does not disclose the following limitation, however Walter, as shown does:

- *receiving a treatment record from a health care service provider;* (see at least Walter [0042], Fig:1a Items:10,12,100-112, Fig:7 Items:700,712 & related text)

- *that includes coded medical billing information;* (see at least Walter [0040] Fig:2 Item:224 & related text)

It would have been obvious to one of ordinary skill in the art to add the feature of Walter into Evans. One of ordinary skill in the art would have added this feature into Evans with the motivation to provide a more effective and efficient process for managing and prioritizing patient information and documentation, for improved quality in health care. (see at least Walter [0002])

Evans and Walter do not disclose the following limitation, however Penny, as shown does:

- *enabling the medical coder to access the medical source document in the work queue through a computer network;* (see at least Penny Fig:1 Items:20-39, Fig:2 Items:200-208 & related text)

It would have been obvious to one of ordinary skill in the art to add the feature of Penny into Evans/Walter. One of ordinary skill in the art would have added this

feature into Evans/Walter with the motivation of providing an improved system and method for automatically prioritizing and providing updated patient treatment and condition information. (see at least Penny [0006])

Evans/Walter/Penny do not disclose the following limitation, however White, as shown does::

- *a plurality of prioritized work queues;* (see at least White Fig:4A-7A Items:412,512,612,712 & related text)

It would have been obvious to one of ordinary skill in the art to add the features of White into Evans/Walter/Penny. One of ordinary skill in the art would have added these features into Evans/Walter/Penny with the motivation to provide a more effective and efficient process for monitoring organizing and prioritizing patient data. (see at least White [0010])

Evans/Walter/Penny/White does not disclose the following limitation, however Ryan, as shown does:

- *validating codes entered or selected by the medical code to determine whether the medical codes are valid;* (see at least Ryan Claim:1,5 & 9)

It would have been obvious to one of ordinary skill in the art to add the feature of Ryan into Evans/Walter/Penny/White. One of ordinary skill in the art would have added this feature into Evans/Walter/Penny/White with the motivation of providing an improved system and method for checking and grouping medically coded data. (see at least Ryan Column:1 Lines:65-67 Column:2 Lines:1-40)

Claim 18

The combination of Evans/Walter/Penny disclose all the limitations of Claim 17.

Evans further discloses the following limitation:

- *converting the treatment record to a medical source document further comprises the step of transcribing the treatment record into a medical source document;* (see at least Evans Fig:23 Items:102-376 & related text)

Claim 19

The combination of Evans/Walter/Penny disclose all the limitations of Claim 17.

Evans further discloses the following limitation:

- *converting the treatment record to a medical source document further comprises the step of scanning the treatment record into a medical source document;* (see at least Evans Fig:23, Fig:24 Item:424 & related text)

Claim 56

The combination of Evans/Walter/Penny/White disclose all the limitations of

Claim 1. Ryan further discloses the following limitation:

- *the step of validating codes entered or selected by the medical code to determine whether the medical codes are valid;* (see at least Ryan Claim:1,5 & 9)

It would have been obvious to one of ordinary skill in the art to add the feature of

Ryan into Evans/Walter/Penny/White. One of ordinary skill in the art would have

added this feature into Evans/Walter/Penny/White with the motivation of providing an improved system and method for checking and grouping medically coded data. (see at least Ryan Column:1 Lines:65-67 Column:2 Lines:1-40)

Claim 57

The combination of Evans/Walter/Penny/White disclose all the limitations of Claim 5. Ryan further discloses the following limitation:

- *the step of validating codes entered or selected by the medical code to determine whether the medical codes are valid;* (see at least Ryan Claim:1,5 & 9)

It would have been obvious to one of ordinary skill in the art to add the feature of Ryan into Evans/Walter/Penny/White. One of ordinary skill in the art would have added this feature into Evans/Walter/Penny/White with the motivation of providing an improved system and method for checking and grouping medically coded data. (see at least Ryan Column:1 Lines:65-67 Column:2 Lines:1-40)

Claim 58

The combination of Evans/Walter/Penny/White disclose all the limitations of Claim 10. Ryan further discloses the following limitation:

- *the step of validating codes entered or selected by the medical code to determine whether the medical codes are valid;* (see at least Ryan Claim:1,5 & 9)

It would have been obvious to one of ordinary skill in the art to add the feature of Ryan into Evans/Walter/Penny/White. One of ordinary skill in the art would have added this feature into Evans/Walter/Penny/White with the motivation of providing an improved system and method for checking and grouping medically coded data. (see at least Ryan Column:1 Lines:65-67 Column:2 Lines:1-40)

Claim 59

The combination of Evans/Walter/Penny/White disclose all the limitations of Claim 14. Ryan further discloses the following limitation:

- *the step of validating codes entered or selected by the medical code to determine whether the medical codes are valid;* (see at least Ryan Claim:1,5 & 9)

It would have been obvious to one of ordinary skill in the art to add the feature of Ryan into Evans/Walter/Penny/White. One of ordinary skill in the art would have added this feature into Evans/Walter/Penny/White with the motivation of providing an improved system and method for checking and grouping medically coded data. (see at least Ryan Column:1 Lines:65-67 Column:2 Lines:1-40)

Response to Arguments

13. Applicant's arguments, filed 20 February 2009, have been fully considered and are addressed in the order they appear in Applicant's Remarks.

14. In response to applicant's argument that Evans, Walter, Penny, White & Ryan are nonanalogous art, it has been held that a prior art reference must either be in the field of applicant's endeavor or, if not, then be reasonably pertinent to the particular problem with which the applicant was concerned, in order to be relied upon as a basis for rejection of the claimed invention. See *In re Oetiker*, 977 F.2d 1443, 24 USPQ2d 1443 (Fed. Cir. 1992).

15. In response to applicant's argument that the cited prior art fails to teach or suggest an invention capable of changing "the original medical information" (Applicant's Remarks Page 12), Examiner respectfully disagrees pointing to Walter [0026-0028] "accessing applications of the HCIS 10, and for modifying information stored in the HCIS 10 and patient health record repository(ies) 12 therein, and is capable of formulating data requests and messages in response to user action".

16. In response to applicant's argument that *"coded medical information"* is separate and distinct from the cited prior art (Applicant's Remarks Page 12), Examiner respectfully disagrees pointing to Walter Fig. 1c, finding applicant's arguments unpersuasive.

17. In response to applicant's argument that the cited prior art fails to teach or suggest *"distributing medical source documents to the medical coder using a plurality of categorized work pools and a plurality of prioritized work queues,"* (Applicant's Remarks Page 12), Examiner respectfully disagrees pointing to

Evans [Column:9 Lines:19-37] *"the data manager 202 will group data associated with a patient within the data archive 208 for rapid retrieval in a manner similar to files within a directory in an operating system. Thus, the data manager 202 assigns a directory to each patient identifier and the stores patient data within this directory"*

18. In response to applicant's argument that the cited prior art fails to teach or suggest *"coded medical information that includes coded medical billing information,"* (Applicant's Remarks Page 12-13), Examiner respectfully disagrees pointing to Walter [0040] *"the user to append a digital signature to orders and cancellations, to associate diagnoses for billing purposes, and to select billing modifiers."*

19. In response to applicant's argument that the cited prior art fails to teach or suggest "the process of converting data" (Applicant's Remarks Page 13), Examiner does not find applicant's arguments persuasive and respectfully disagrees pointing to Evans (Fig:23 Item:372 & related text).

20. In response to applicant's argument for claim 5, that *"transmitting the coded medical information"* is separate and distinct from the cited prior art (Applicant's Remarks Page 13), Examiner respectfully disagrees pointing to Walter Fig. 1c, finding applicant's arguments unpersuasive.

21. In response to applicant's argument, for claim 5, that the cited prior art fails to teach or suggest *"distributing medical source documents to the medical coder*

using a plurality of categorized work pools and a plurality of prioritized work

queues," (Applicant's Remarks Page 14), Examiner respectfully disagrees

pointing to Evans [Column:9 Lines:19-37] *"the data manager 202 will group data*

associated with a patient within the data archive 208 for rapid retrieval in a

manner similar to files within a directory in an operating system. Thus, the data

manager 202 assigns a directory to each patient identifier and the stores patient

data within this directory"

22. Applicant's argument for the allowability of claim 9 is substantially similar to previous argument(s) for claim 1, and thus are rejected on the same grounds.

23. Applicant's argument for the allowability of claim 10 is substantially similar to previous argument(s) for claim 1, and thus are rejected on the same grounds.

24. Applicant's argument for the allowability of claim 14 is substantially similar to previous argument(s) for claim 1, and thus are rejected on the same grounds.

25. Applicant's argument for the allowability of claim 17 is substantially similar to previous argument(s) for claim 1, and thus are rejected on the same grounds.

26. Applicant's argument for the allowability of claim 20 is substantially similar to previous argument(s) for claim 1, and thus are rejected on the same grounds.

27. Applicant's argument for the allowability of claim 29 is substantially similar to previous argument(s) for claim 1, and thus are rejected on the same grounds.

28. In response to applicant's arguments for claims 56-59, Examiner points out that claims 56-59 were not included in previous application, however these newly added claims have been addressed by the cited prior art in this Office Action.

29. In response to applicant's argument the cited prior art does not appropriately disclose applicant's invention because "the suggested combination of references would require a substantial reconstruction and redesign of the element show in the primary reference as well as change in the basic principle under which the primary reference construction was designed to operate." (Applicant's Remarks p. 21), Examiner respectfully disagrees finding this reasoning unsubstantiated and unpersuasive. The alleged "distinctions" that the applicant cites between the cited prior art and the applicant's invention, are merely ornamental and not dawn to the substance of the claim limitations.

30. Applicant's argument for claims 2-4, 6, 9, 11-12, 15-16, 18-19, 21, 23-28, 30-36 & 56-59 are based on their dependency on claims 1,5,10,14,17,20 and 29, & thus are rejected on the same grounds.

Conclusion

The prior art made of record and not relied upon is considered pertinent to applicant's disclosure.

Applicant's amendment necessitated any new ground(s) of rejection presented in this Office action. Accordingly, **THIS ACTION IS MADE FINAL.** See MPEP § 706.07(a). Applicant is reminded of the extension of time policy as set forth in 37 CFR 1.136(a).

A shortened statutory period for reply to this final action is set to expire THREE MONTHS from the mailing date of this action. In the event a first reply is filed within TWO MONTHS of the mailing date of this final action and the advisory action is not mailed until after the end of the THREE-MONTH shortened statutory period, then the shortened statutory period will expire on the date the advisory action is mailed, and any extension fee pursuant to 37 CFR 1.136(a) will be calculated from the mailing date of the advisory action. In no event, however, will the statutory period for reply expire later than SIX MONTHS from the date of this final action.

Any inquiry concerning this communication or earlier communications from the examiner should be directed to RAJIV J. RAJ whose telephone number is (571) 270-3930. The examiner can normally be reached on Monday thru Friday 8-5pm.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Jerry O'Connor can be reached on (571) 272-6787. The fax phone number for the organization where this application or proceeding is assigned is (571) 273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see http://pair-direct.uspto.gov. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or (571) 272-1000.

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/RJR/
Patent Examiner Art Unit 3686
Date: 05/11/09

/Gerald J. O'Connor/
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